

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32540

State File No. _____

Registration District No. 317Primary Registration District No. 6076Registrar's No. 2079

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5543 Hamilton Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community About 30 Years
 years, months or days)

3. (a) PRINT
FULL NAMEEmil Hillmeyer

3. (b) If veteran,

name war no

3. (c) Social Security

No. 492-05-56654. Sex Male5. Color or
race White6. (a) Single, widowed, married.
1 divorced Married6. (b) Name of husband or wife.
Catherine Hillmeyer6. (c) Age of husband or wife if
alive. 50 years7. Birth date of deceased. 3 3 1892
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

51518

hr.

min.

9. Birthplace

Plumhill
(City, town, or county)Ill
(State or foreign country)10. Usual occupation Laborer

11. Industry or business

12. Name Wm Hillmeyer13. Birthplace Unknown
(City, town, or county)14. Maiden name Dora Inivendale
(State or foreign country)15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)16. (a) Informant Catherine Hillmeyer(b) Address 5543 Hamilton Ave17. (a) Burial (b) Date thereof 9-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Robert R. R. R.(b) Address 2228 St. Louis Ave.19. (a) SEP 17 1943 (b) E. H. Mc Navran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1 096
 (c) City or town St. Louis Co. Jennings 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5543 Hamilton Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country n

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 43 hour 9 minute 30 A.M.21. I hereby certify that I attended the deceased from June 1943
1943 to Sept 13, 1943that I last saw him alive on Sept 6, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis Duration _____Due to Cirrhosis of Liver _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Albert Wall (M. D. examiner)Address 5322 Helen Ave Date signed 9/15/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.